



U.S. Department of State
**DIRECTORATE OF DEFENSE TRADE CONTROLS
GENERAL INQUIRY**

Date Received (mm-dd-yyyy) _____

Case No. _____

<p>*1 Date Prepared (mm-dd-yyyy) _____</p> <p>*3. Requester's Name, Address, ZIP Code and Telephone Number</p> <p>*Name _____ _____ _____</p> <p>*Attention _____</p> <p>*Address _____ _____ _____</p> <p>*City _____</p> <p>State _____ *ZIP Code _____</p> <p>*Country _____</p> <p>*Telephone # _____ Ext _____</p> <p>7. Country(s) of Ultimate Destination _____</p> <p>8. Name, Address and role of foreign party(s)</p> <p>Name _____ _____ _____</p> <p>Address _____ _____ _____</p> <p>City _____</p> <p>Country _____</p> <p>Role _____</p> <p>10. USML Category Number</p> <p>Line</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Item #</th><th style="width: 30%;">USML Category</th><th style="width: 30%;">Subcategory</th><th style="width: 30%;">Commodity Code</th></tr></thead><tbody><tr><td>1</td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td></tr><tr><td>2.</td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td></tr></tbody></table>	Item #	USML Category	Subcategory	Commodity Code	1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	2.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<p>*2 DDTC Registration Status _____</p> <p>DDTC Applicant/Registration Code _____</p> <p>*4. Type of Inquiry _____</p> <p>Please Specify Other _____ _____ _____</p> <p>5. Name and Telephone number of requester contact(s)</p> <p>Name _____</p> <p>Telephone # _____ Ext _____</p> <p>6. Names, agency and telephone numbers of U.S. Government personnel familiar with request.</p> <p>Name _____</p> <p>Agency _____</p> <p>Please Specify Other _____</p> <p>Telephone # _____ Ext _____</p> <p>*9. Are defense articles involved in this inquiry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If Yes, identify the types of defense articles involved in this inquiry. (select all that apply)</p> <p><input type="checkbox"/> Hardware <input type="checkbox"/> Technical Data <input type="checkbox"/> Defense Services</p> <p>b. If Yes, provide a description of the defense article(s) related to the inquiry. (e.g. model & U S. Government classification)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Item #	USML Category	Subcategory	Commodity Code										
1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>										
2.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>										

***11. Is the request the subject of or related to an enforcement matter?**

☐ Yes ☐ No

a. If yes, what is the kind of enforcement? (Select all that apply)

☐ Detainment/seizure☐ DDTc Voluntary Disclosure

☐ Office of Export Enforcement (OEE)
/Department of Commerce (DOC)

☐ Civil Proceeding

☐ Criminal Proceeding

☐ Other

Please Specify

b. If yes, provide details of the enforcement activity

*12 Brief Description of Inquiry

13 Response to be sent to (Enter name, address and telephone number)

☐ Same as Block 3

☐ Hold for Pickup

Name

Attention

Address

City

State

ZIP Code

Country

Telephone Number

Ext